



Do not use this form for Fire or Police positions.
 Applications accepted for open positions ONLY.
 A new application must be completed for each posting.
 Completed applications must be returned to
 City Hall, 215 N Broad St, 2nd floor, Monroe, GA 30655.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

PLEASE TYPE OR PRINT CLEARLY IN INK

If answers need more space than provided, there is additional space at the end of the application.

| | | | |
|---|--|--|------------------|
| DATE | | | |
| NAME (As it appears on Social Security Card/Work Permit Card) | | | |
| | LAST | FIRST | MIDDLE OR MAIDEN |
| ADDRESS | | | |
| CITY, STATE, ZIP | | | |
| EMAIL ADDRESS | | | |
| HOME PHONE | | | |
| DAYTIME PHONE | | | |
| CELL PHONE | | | |
| POSTED POSITION(S) APPLIED FOR | "Any" will not be accepted. | | |
| SALARY REQUIREMENTS | \$ | | |
| DATE AVAILABLE | | | |
| REFERRED FOR THIS POSITION BY | | | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| DATES | DEPT | SUPERVISOR | |
| REASON FOR LEAVING | | | |
| HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, explain: | | | |
| CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| ARE YOU AT LEAST 18 YEARS OLD? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| LIST OTHER NAMES YOU HAVE USED | | | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (A conviction will not necessarily disqualify an applicant from employment.) | | (If yes, give location, date, charge and disposition of case(s) on additional information page.) | |



U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service: _____

Dates Served: from: _____ to: _____

Type of Discharge: _____

TRAINING / SKILLS

List any training, skills, qualifications or job related experiences that would be of special benefit in the job for which you are applying:

EDUCATION / SKILLS

| EDUCATION LEVEL | NAME | CITY STATE | # OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE/MAJOR |
|-----------------------------|------|------------|----------------------|---|--------------|
| HIGH SCHOOL | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMMUNITY OR JUNIOR COLLEGE | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| BUSINESS OR TRADE SCHOOL | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COLLEGE OR UNIVERSITY | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LICENSES / CERTIFICATIONS (JOB RELATED)

| TYPES OF LICENSES AND CERTIFICATIONS | DATE ISSUED | REGISTRATION NUMBER | STATE | EXPIRES MO / YR |
|--------------------------------------|-------------|---------------------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |

REFERENCES (NO RELATIVES)

| | |
|------------------------|------------------------|
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| DAYTIME PHONE _____ | DAYTIME PHONE _____ |
| RELATIONSHIP _____ | RELATIONSHIP _____ |
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| DAYTIME PHONE _____ | DAYTIME PHONE _____ |
| RELATIONSHIP _____ | RELATIONSHIP _____ |



EMPLOYMENT HISTORY

(MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME)

Beginning with your most recent, list below present and past employment including U.S. Military service:

| | | |
|------------------|----------------------------|---------------|
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity:

| |
|--|
| |
| |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



AUTHORIZATIONS AND AGREEMENTS

I (print name) _____
HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S): ☐ Yes ☐ No
MY PAST EMPLOYERS: ☐ Yes ☐ No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Past employers, school records offices and personal references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications.

I hereby authorize the City of Monroe and its employees to conduct all pre-employment inquiries as

I understand that all offers of employment are conditional upon satisfactory drug screens and reference checks, and presentation of all documents necessary for the City of Monroe to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I certify the information provided in this application is true and complete. I understand withholding pertinent information or submitting false or misleading information on this application or my resume, during interviews or at any other time during the hiring process, constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand that employees of the City of Monroe are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City of Monroe's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the City of Monroe and to recognize that he/she is subject to additional scrutiny in his/her public and personal life.

I understand that the acceptance of this application by the City of Monroe neither expresses nor implies an offer of employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City of Monroe at any time for any reason. Any changes to this at-will employment will not be valid unless in writing signed by me and a duly authorized representative of the City of Monroe.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Applicant
 Signature: _____ Date: _____

Sworn to and subscribed before me this _____ Day of _____ 20____

Notary Public: _____ Expiration Date: _____

NOTE: There are separate authorizations in this application for motor vehicle records, criminal, and credit checks. Your signature on these authorizations must also be **notarized!**



EMPLOYMENT BACKGROUND & MVR RELEASE ACKNOWLEDGEMENT

I, [print name] _____, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my driving record and conduct a background investigation at this time of consideration of hire and during subsequent City employment. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand that driving for the City using either a City vehicle or my personal vehicle is a privilege granted only to employees whose driving record satisfactorily meets City standards.

I understand that if driving is a requirement of the job, then an acceptable driving record is also a requirement of the job, both at the time of consideration for hire and as an ongoing condition of employment.

As an applicant or an employee, the City may conduct motor vehicle record (MVR) checks periodically and I give permission to the City to obtain such information regarding my driving record anytime the City deems necessary.

I understand my driving record must continue to meet City standards. Should my driving record not meet City standards, my driving privileges for the City may be revoked and could be grounds for applicant disqualification or dismissal of employment.

I understand the information identified in my driver's record check is a part of the hiring process, and if hired, will be discussed as the City deems it necessary.

I acknowledge reading this release and grant authorization to the City to conduct a background investigation and MVR check, obtain information regarding my driving record, and discuss this information as the City deems necessary.

Applicant Name: _____
(as it appears on license)

DL# _____ State: _____ Date of Birth: _____

SSN: _____ Date Signed: _____
(this form)

Applicant Signature: _____

Sworn to and subscribed before me this _____ Day of _____ 20 _____

Notary Public: _____
(Signature and Seal with Expiration Date Required)



EMPLOYMENT CRIMINAL HISTORY RELEASE ACKNOWLEDGEMENT

I, [print name]_____, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my criminal history record at this time of consideration of hire. This includes any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand the information identified in my criminal record check is part of the hiring process and will be discussed as the City deems necessary.

I acknowledge reading this release and grant authorization to the City to conduct a criminal history record check, obtain information regarding my criminal record, and discuss this information as the City deems necessary.

Applicant Full Name: _____

SSN: _____ Race: _____

Date of Birth: _____ Sex: _____

Applicant Signature: _____

Date Signed: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20 _____

Notary Public: _____

Notary Expiration: _____

INCLUDE A FRONT AND BACK COPY OF YOUR DRIVERS LICENSE WITH THIS APPLICATION



Applicant/Employee's Authorizations and Receipt of Notice

Employer's Disclosure About Nature and Scope of Investigations and Use of Information Obtained From Third Parties

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE but will not share this information with any other person.

Authorization for THE CITY OF MONROE to Obtain an Investigative Consumer Report, Obtain Medical Information and to Obtain a Consumer Report

I, [print name] _____, have received as a separate document, read, and understand the foregoing Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties. I authorize THE CITY OF MONROE to obtain from third parties, including the consumer reporting agency of its choice, an investigative consumer report, a consumer report, and medical information regarding me. I understand that an investigative consumer report may include personal interviews with my past employers, neighbors, friends, or associates concerning my credit, character, general reputation, personal characteristics, or mode of living, together with public record information regarding arrests, indictments, convictions or civil suits in which I was involved as a party.

Applicant's Signature: _____ Date: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20 _____

Notary Public: _____ Expiration date: _____

Authorization for THE CITY OF MONROE to Share Information with its other Locations, Divisions, Subsidiaries, or Affiliates

I, [print name] _____ hereby [circle one] authorize / do not authorize THE CITY OF MONROE to receive and to share information it obtains from third parties, including consumer reporting agencies, investigators, and prior employers, with its other locations, divisions, subsidiaries, or affiliates.

Applicant's Signature: _____ Date: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20 _____

Notary Public: _____ Expiration date: _____



**THE CITY OF MONROE's Disclosure About
Nature and Scope of Investigations
And Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE, but will not share this information with any other person.

PLEASE KEEP THIS FOR YOUR RECORDS